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UNDERSTANDING AND TREATMENT OF REACTIONS TO REASSIGNMENT

A Thesis

Submitted by

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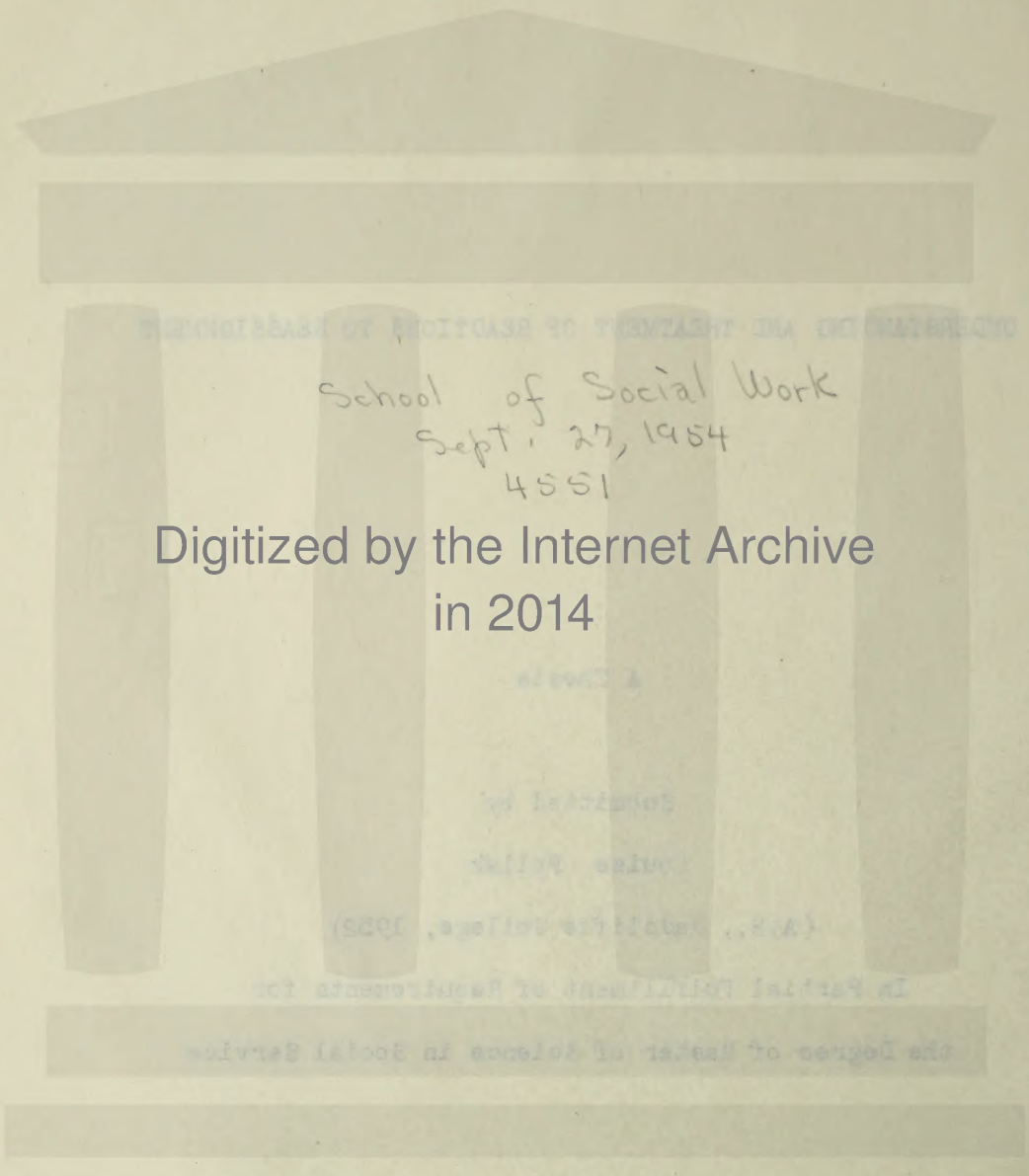

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CHAPTER I

INTRODUCTION

Purpose of the Study

The purpose of this study is to gain an understanding of some of the factors determining the client's reaction to reassignment from one caseworker to another, and to find out what techniques the caseworker can use in helping the client with this experience. Reassignment is a fairly common occurrence in casework practice and one which can be very upsetting to the client. Since the casework treatment process takes place within the worker-client relationship, the disruption of the relationship caused by a change in workers means at least an interruption in the continuity of treatment until the new relationship is established. If the client should become severely disturbed or refuse to continue treatment, then the implications of reassignment are quite serious.

One approach to the problem is to avoid the necessity of reassigning clients. Reassignment is certainly not something to be done lightly. However, there will always be situations where it is necessary. One of the common times for reassigning cases is when a worker leaves the agency. No matter what steps are taken to decrease the transiency of social workers, there will continue to be some job turn-over. The responsibility of training students in casework also means that some clients may need reassignment when the student leaves the field work placement. There are also situations where it seems a client would benefit from being transferred, for

example, to a more experienced worker, or situations where for administrative reasons, such as the necessity of keeping time for intake and other responsibilities, a worker can not continue with a client.

Since for these and other reasons some reassignment of clients seems inevitable, it is important for social workers to learn more about the problem. It is hoped that through a greater understanding of the factors determining reaction to reassignment, it may be possible to predict which clients would react most unfavorably, so that care might be taken in assigning them to the more permanent staff members. It is also hoped that through understanding what reassignment means to the client and learning techniques for handling it, the worker may be prepared for the client's reactions and better able to help him.

Scope, Method of Procedure, Sources of Data

This is a study of ten cases of mothers who brought their children to the James Jackson Putnam Children's Center and were reassigned from one caseworker to another during the period from June, 1951 to October, 1953. The cases were selected with the aim of having as wide a variation as possible in factors that might be related to the client's reaction to reassignment. For example, one factor might be the strength of casework relationship prior to reassignment. Therefore, some cases were included in which this relationship was very strong and others in which it was quite weak. Other factors in which variety was sought were: the length of casework relationship, the amount of preparation for reassignment, the reason for reassignment, the personality characteristics of the client, and the client's manner of relating to the worker. In actuality, most of the cases

that were reassigned during this period were included in the study. Cases were not included if the current reassignment was either from or to a psychiatrist; if there were already included several cases carried by the particular worker; or if the client did not continue in treatment following the reassignment.

The client's failure to continue is very likely to be related to the reassignment. However, other factors, such as the child's improvement and the fact that the client does not come so that it can be seen what is going on in her life, make it very difficult to assess the role of the reassignment in these situations. Also, in many cases, workers aim at termination rather than reassignment if they feel the client may be reluctant to continue. Therefore, it was felt that these cases were beyond the scope of this study.

Abstracts from the records of the cases were made of material related to two questions: one, how does the client's reaction to reassignment relate to such factors as her personality structure, past and present patterns of relationship, and her involvement and progress in the casework relationship; two, what methods are used to help the client with the experience of reassignment both before and after the transfer. (See Appendix for schedule.)

A review of casework and psychiatric literature concerning the problem of reassignment has been made.

The Agency Setting

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The James Jackson Putnam Children's Center is a psychiatric clinic for infants and pre-school children. It was established in 1921 under the sus-

pices of the Judge Baker Guidance Center. Children are brought to the Children's Center with such problems as destructiveness, difficulties in feeding or toilet training, sleep disturbances, temper tantrums, and speech problems. There are also children with more profound disturbances who have withdrawn from human relationships and appear bizarre and retarded.

As in most child guidance clinics, the staff includes psychiatrists, psychologists, and social workers, but in addition the treatment program includes a nursery school. It is felt that in order to do psychiatric treatment with children under five years of age a nursery school is needed to "supplement individual psychiatric therapy and offer an opportunity for observing the child in a homelike atmosphere throughout his daily activities."[1] The nursery has another advantage in furthering treatment.[2]

> It creates a comparatively informal relaxed atmosphere where the most disturbed individuals can feel accepted, thereby facilitating the regular, frequent attendance of mothers and children who might easily evade treatment under the usual clinic conditions.

The structure and organization of the Center is one that makes the mothers and children as comfortable as possible.[3]

> The Center, which is housed in a large, rambling gray house surrounded by an ideal nursery school yard, creates a tolerant, friendly milieu within which mother and child make various relationships as they might in a large family of understanding adults. They are apt

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1 Beata Rank, "The Value of Group Experience for the Pre-school Child and His Mother," Child Study, 22, 2, 1944, p. 39.

2 Eveoleen N. Rexford, "The Role of the Nursery School in a Child Guidance Clinic," The American Journal of Orthopsychiatry, 19, 3, July, 1949, p. 518.

3 Marian C. Putnam and others, "Case Study of an Atypical Two-and-a-half-year-old," The American Journal of Orthopsychiatry, 18, 1, January, 1948, p. 1.

> to come for many months, and since our frequent staff meetings acquaint us with the problems and needs of most of them, even our casual contacts reflect our understanding and interest. The receptionist, who strikes up friendships with many boys and girls, allows them to play at the switchboard, the carpenter appears to welcome doubtful assistance in repairing the front stairs.

The treatment plan is a flexible one geared to the needs of each child and his family. Typically, the child is in a nursery school group two half-days a week and is seen in individual therapy for a half hour or forty-five minutes each time he comes. However, sometimes a child may be started in the nursery group before he is ready for individual therapy, or, on the other hand, individual treatment may be begun before a child is felt able to benefit from the group. Sometimes the plan is for a child to come more frequently than twice a week if his needs or the family situation seems to warrant it.

Usually the mother talks with a social worker for about an hour during one of the visits each week. If possible this interview is held in the social worker's office, but often, particularly at the beginning of treatment, the young child can not be separated from the parent. In this case the interview is held in the nursery room or, in good weather, outside in the yard. In some cases the mother is in psychiatric treatment herself and if the child is very young, mother and child may be treated as a unit by the same therapist. It is also felt important to include fathers in treatment, and they are encouraged to come regularly to talk with either a caseworker or psychiatrist, depending upon the situation. Frequent team conferences are held between the nursery school teacher and the various staff members seeing the child and parents in a family.

The Center also carries on training and research programs as well as

its treatment program. Students are in training at the Center from a variety of disciplines, including psychiatry, social work, psychology, psychiatric nursing, and nursery school education. Because of the training and research programs, detailed records are kept of each case. There is usually an individual record of each interview or therapy session rather than the periodic summaries used in many agencies.

CHAPTER II

THEORETICAL CONSIDERATIONS

In order to understand the meaning that reassignment has to the client, it is necessary to understand the worker-client relationship. This relationship is the center of the casework process. When it is a warm, positive relationship, the client is helped to face his problems, bring out material, and move toward solving his difficulties. The client responds to the friendly interest of the worker, but he also brings with him characteristic ways of responding that are not necessarily determined by the current situation. These characteristic ways of responding are considered transference responses.[1]

> In our relationship to objects of the external world we often repeat emotional experiences, attitudes, instinctual desires, fantasies, thoughts, actions which, upon careful examination turn out not to belong to the reality situation connected with the object in question but to be repetitions of the emotional relationship to an object that was significant to us in our past.

The nature of the casework relationship, in which the worker maintains a professional attitude, keeping control over his personal feelings and responses, leaves the way open for the client's transference responses. Also, the seeking of help in itself tends to encourage transference responses

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from the client's past.[2]

> The need to ask for help recreates to some extent in everyone a dependency situation analogous to one's infancy and thus tends to reactivate the characteristic way of handling problems which was developed at that time . . . When the help requested is more extensive than this, the feeling of dependency is proportionately greater. It is impossible for a person to place himself for long in such a dependency situation without there occurring a transference to this situation of his infantile attitudes.

Thus we see that the kind and extent of help the client is seeking will be a determinant of the reactions and feelings transferred to the relationship. Is his request an external one, or is he seeking help with conflicts involving his deepest feelings? A second determinant of the transference is, of course, the client's experience and personality structure which determine the characteristic ways of handling problems to be reactivated in the casework situation. Miss Garrett points out that transferences differ among relatively normal, neurotic, psychotic, and psychopathic clients.[3]

A third factor is the kind of activity of the caseworker. The worker's conscious use of the transference will support and encourage some transference elements and neglect and discourage others. For example, the worker might use the client's tendency to trust authority figures by suggesting some path of action the worker feels essential for the client's well-being, thus encouraging the client's tendency to depend on the worker's judgment. Often in child guidance work, the worker takes the role of

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2 Annette Garrett, "The Worker-client Relationship," The American Journal of Orthopsychiatry, 19, 2, April, 1949, p. 225.

3 Ibid., p. 226.

the "good mother" the client unconsciously seeks and through "giving" to the client enables her to identify and become a "good mother" to her child. In this kind of relationship there occurs a very strong transference of childhood feelings associated with dependency. In another situation the worker may support the client's need for independence by constantly emphasizing respect for the client's ability to make his own decisions. In this situation there will be much less tendency for the transference of feelings of a small child to a parent.

When the casework relationship is disrupted by reassignment, the client's reaction is based on both the reality elements of the situation and the transference. Realistically it means some loss of momentum while he and the new worker are getting acquainted. The new worker may differ in warmth, activity, skill, or other ways from the first. However, the client's transference responses play an extremely important part in his reaction. According to Benjamin Lyndon,[4] "The separation experience with the introduction of a new person into the client's life inevitably recreates a similar past situation with all its accompanying anxiety." Loss of a relationship in the past may have meant to him, for example, punishment for something he had done wrong or that people were not to be trusted. These feelings will now be reactivated. So will his feelings from past experiences of meeting new people.

Regina Flesch points out that dependency feelings in particular are mobilized by the reassignment.[5]

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4 Sterba, Lyndon, and Katz, op.cit., p. 21.

5 Regina Flesch, Treatment Considerations in the Reassignment of Clients, p. 4.

> It stands to reason that when the client loses the person upon whom he has learned to depend, he will be burdened, at least momentarily, with the full weight of his emotional need.

Therefore, the nature of the transference prior to the reassignment can be expected to be an important determinant of the reaction to the reassignment. If the client's response to the worker has been an extremely dependent one, the departure of the worker should seem more of a deprivation than if he had not relied on her at all. In addition, his dependency on the worker has caused him to transfer other related infantile feelings such as jealousy, hostility, rebelliousness, and so forth, all of which may be expected to influence his reaction now.

A review of casework and psychiatric literature reveals little written directly on the subject of reassignment. The chief study is one by Regina Flesch[6] in which she discusses the main reactions of clients to reassignment and several methods used by caseworkers to help the client make the change. One of the things she stresses is that the worker must not be afraid to meet the increased dependency of the client or to give appointments with the former worker following transfer if the client requests this. She feels strongly that we take on a responsibility in engaging in relationship therapy.[7]

> If we grant that we, as individuals, have created a unique personal situation with a client, then we, as individuals, seem to have a unique personal duty to that client, at least until the change to the next worker is successfully completed.

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6 Ibid., pp. 1-81.

7 Ibid., p. 80.

Janice Lurier,[8] in a study of twenty cases of reassignment, found a wide variety of reactions. Although most of the reastions were negative ones, such as hostility, depression, regression, reluctance to continue treatment, she did find "that some transfers did have positive elements, which ultimately led to more rapid movement in treatment."

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8 Janice E. Lurier, "A Study of Reactions to Reassignment in Twenty Cases at the Worcester Youth Guidance Center." Unpublished Master's thesis, Boston University School of Social Work, Boston, 1952.

CHAPTER III

REACTION TO REASSIGNMENT IN RELATION TO PERSONALITY STRUCTURE AND CASEWORK RELATIONSHIP

Introduction

Before the presentation and analysis of case material, the following general information is presented so that the reader may have a better picture of the group.

At the time of reassignment, the mothers ranged in age from twenty-five years to fifty-one, the mean age being thirty-one. Four of the mothers were Catholic, four Jewish, and two Protestant. The reasons for the children's referral were extremely varied, and the severity of the problems ranged from the relatively mild problem of indistinct speech to the extremely severe problem of atypical development with temper tantrums, negativism, limited speech, no toilet training, self-destructive behavior, and running away.

The length of treatment prior to transfer ranged from three interviews to three years, with the mean time 8.5 months. For all the mothers, this was the first reassignment from one caseworker to another after the beginning of treatment. However, three of the mothers had seen a third worker for two or three interviews during the diagnostic study prior to the child's being accepted for treatment, and one of the mothers had twice been assigned to psychiatrists before being assigned to a caseworker.

The cases were carried by seven different workers prior to the transfer and eight different workers afterwards. In six of the cases, the reassignment was made because the workers left the agency. Two of these six left to have babies, one was a student completing her field work placement, and three left for other reasons. Of the four other cases, one was reassigned because the first worker felt she did not have a good relationship with the client and there was a student in need of cases; two were reassigned for administrative reasons after three interviews; and one client reapplied seven years after the case was originally terminated and the former worker did not now have time available.

Presentation and Analysis of Data

The client's responses following the news of reassignment have been divided into three groups according to severity of disturbance and difficulty in making the change.

Group one -- The first group consists of the three mothers who had the most severe responses. Their disturbance was shown by such reactions as depression, fear of going on without the worker's support, physical symptoms, increased dependency, and increased difficulty in functioning in daily living.

Mrs. A., whose case will be presented first, was able to give extensive verbal expression of her difficulty in making the change.

> Mrs. A. was a very warm and impulsive woman who spoke freely about her feelings. She was in open conflict with her mother who she felt tried to control her life without loving her or giving her what a mother should. She married Mr. A. who was immature and impulsive like herself in spite of her parents' disapproval, but later resented that he was not someone she could lean on, but instead seemed like another child. She was often quite depressed and had occasionally expressed suicidal thoughts. By her impulsiveness and provocative behavior toward her husband she kept her life in a constant state of crisis.
>
> She related warmly and quickly to the caseworker and phoned her at each of her frequent crises. She was eager to talk of both her child and herself. She felt her tensions were effecting the child and sought explanations for them in her own past. With the worker's help she tried to change and had some success in refraining from quarreling with her husband and thinking before acting.
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and sought her child's therapist for support in continuing treatment. She said she was going through a "terrible reaction" and feared she would not be able to get along without the worker. She questioned whether she should continue coming to the Center as she was sure she was going to hate her new worker even though she recognized there was "little logic" in this. With a good deal of support from both the first and second workers she was able consciously to try to talk with her new worker but it was more than two months before she was comfortably established in the new relationship.

In the casework relationship, Mrs. A., who had felt so deprived by her mother, was able to express her very strong dependency needs and feel accepted and supported in the way she had longed to be. The caseworker became a very important person in her life to whom she turned with all her problems and she consciously saw the departure of the worker as a tremendous loss of support.

Mrs. B. was an extremely infantile woman with many psychotic trends. She had fears and very bizarre ideas about death and was sometimes extremely confused about her feelings. She was very disorganized in caring for her home and family, but could be very shrewd in accomplishing certain things she wanted. She was very demanding of attention and felt people were not giving her what she needed and instead were always hurting and taking advantage of her. She became very angry whenever she felt she was mistreated. In social situations when she felt rejected she reacted by forcing herself upon people. Mrs. B's mother lived with her, but spent her time leading a wild life with her "boy friends" and never, Mrs. B. complained, helped with the housekeeping or baby sitting.

In the casework relationship Mrs. B. was very demanding of the worker's time and often asked that things be done for her. She seemed to get a good deal of gratification from having someone listen to her. She was constantly concerned about being rejected and stressed that her child would need several years of treatment. At Christmas she brought gifts to the worker and told her how wonderful she thought the worker was. She talked very little about her child, talking instead about her own preoccupations, such as food and feeding,

people dying, her career before marriage. She seemed to become a little more accepting of the child as she saw the child being accepted at the Center and felt accepted herself.

Mrs. B. became very depressed when the worker told her she was leaving because she was going to have a baby. She was not able to talk about this much with the first worker, except to insist that she be seen twice a week by her new worker. She also asked that the worker visit the school to talk with the teacher of her oldest child. She was able to speak freely to her new worker about how badly she had felt when the former worker left. She said she had not wanted the first worker to know because she did not wish to make things difficult for "poor Mrs. Z." since she wanted her to have a baby. She also told about headaches she had been having at that time which her doctor told her were caused by her emotions.

Mrs. B. was similar to Mrs. A. in her strong dependency needs and her attachment to the caseworker. She was fearful of being rejected and handled these feelings by forcing herself on people and demanding attention. One of her reactions to the reassignment was to become more demanding and insist that the first worker make a school visit and that her new worker see her more frequently. Her statement about not telling the first worker how she felt because of not wanting to make things difficult for her gives us some insight into the way her need to control her hostile feelings prevented her from expressing her feelings about the reassignment.

Mrs. C. was a very immature woman in considerable conflict over her dependency needs. She feared her dependency would not be satisfied, or, as she expressed it, she felt she never could rely on anyone, and so attempted to be independent. She obtained a divorce from her "irresponsible" husband at the time she applied to the Center and throughout the contact felt very burdened by the responsibility of caring for her children alone. One of her reactions to her conflicts has been constant moving, both in her choice of employment before her marriage and in numerous changes in residence since then.

> Mrs. C. missed interviews very frequently because of illness, bad weather, difficulty in getting baby sitters, and similar reasons, so she was seen only about a dozen times in the ten months before the worker left. She was always very defensive about her absences, indicating her ambivalence about coming to the Center. When she did come she related to the worker in a childish and dependent way, talking of her immediate problems at home and seeking the worker's approval of such things as wearing dungarees to the Center or buying a television set. She asked some personal questions, showing her interest in the worker. However, she expressed very little feeling, except to complain of her ex-husband. She spoke little about her relationship with the child about whom she had come to the Center and only rarely showed any recognition of her part in the problem.
>
> When Mrs. C. learned the worker was leaving, she immediately mentioned that she had been considering moving to Oregon to live with her mother. She became temporarily depressed and extremely discouraged about herself and her child. She spoke with much more feeling than previously, telling of her disappointments in her husband. She had wanted a "father" and instead they were "just two kids". She felt she could not give enough to her child and blamed herself for all the child's difficulties. Later she became embarrassed and apologized for talking her head off. In the last interview the worker introduced the new worker to Mrs. C. in the yard where they had been having the interview. Mrs. C. scarcely acknowledged the introduction, but instead turned her back on both workers and talked to some children until the workers said good-bye and left.

Mrs. C. related to the caseworker in a very dependent manner as did the other two mothers in this group, but the relationship appeared to be much weaker. She broke appointments frequently and did not express much of her feelings. Her defensiveness about her absences and the manner in which she was able to express much more of her feelings after she knew the relationship would end, indicate that she was holding back from the relationship. One of her main conflicts was between independence and dependence because of her feeling that she could never count on anyone. The departure of the caseworker confirmed her fear and expectation. It is interesting

that at this point she brought up the possibility of going to Oregon when moving about had been one of her patterns of dealing with her conflicts. Her turning her back at the end is perhaps a way of leaving the worker before the worker leaves her.

In summary, the mothers in this group were very immature and dependent women who longed for someone on whom to lean. Two of the mothers formed very strong relationships with the worker, allowing her to be the wished-for "good mother". The third tried to remain independent because of the fear that she could not rely on anyone. However, although her relationship to the worker was weak in comparison with the other two, it was still a dependent one.

Group two -- The four mothers in the second group experienced disappointment and difficulty in changing caseworkers. However, their reactions were mainly limited to the treatment situation rather than their total adjustments.

Mrs. D. found it difficult to see a different worker in spite of the fact that the reassignment was made seven years after the original contact with the first worker was terminated.

> Mrs. D. was an extremely orderly person who had her whole life well organized and couldn't stand anything out of place. She was very upset and embarrassed by her child's misbehavior and was hardly able to derive any enjoyment from her relationship with him. As a child Mrs. D. had been forced to be overly mature and care for her siblings and as an adult had difficulty in allowing herself to be at all dependent.
>
> She had a strong relationship with the first worker. She was gradually able to allow herself to be dependent on the worker and learned motherliness from her.

> She lessened her standards of housekeeping and was able to give more to her child and to enjoy him. She began to feel she could love him even when he was naughty. Several times she expressed appreciation for what she had learned at the Center. After three years of treatment, the relationship of mother and child had improved considerably. The child was able to attend a regular nursery school and the contact at the Center was gradually terminated.
>
> Seven years later the boy was showing some very disturbed behavior and Mrs. D. applied to an agency for older children. When inquiry was made by this agency to the Center, the Center arranged to take the case itself because of its previous interest in the family. The former worker contacted Mrs. D., offering her help at the Center and telling her who her new worker would be. Mrs. D. was very pleased to be able to return to the Center, but was quite disappointed that she would be seeing someone else. She talked a great deal to ner new worker about how helpful the first worker had been and quoted things she had said. In her relationship with her new worker she was at first quite reserved and uncertain, seeming anxious concerning whether or not she would be met with approval.

Mrs. D. had felt very much accepted in her relationship with the first worker. Now she was again upset by her son's disturbing behavior and felt she needed the same kind of help she had had before and wondered whether her new worker would be as understanding.

Mrs. D. had had a three year contact with the first worker. However, there does not need to be a long contact for the client to react to a change of caseworker. Mrs. E. had had only three interviews with her first worker when the worker informed her she would be unable to continue with her, but Mrs. E. was very disappointed.

> Mrs. E. was a very tense woman with frequent headaches and physical complaints. She was very much inhibited regarding both sexual and aggressive behavior. She had always been quiet and well behaved, never daring to speak up against her parents. She seemed unconsciously to encourage her child's acting out behavior as a means of expressing her own impulses.

> During the first year at the Center she was seen successively by two different doctors, both of whom were also her child's therapist. She did not get along well in either relationship, apparently because she felt the doctors were more interested in the child than in her. She may also have had difficulty in relating to a male therapist. The following year, when she was assigned to a caseworker, she related well immediately and was able to discuss aspects of her problems that she had strongly denied before.
>
> When the caseworker told Mrs. E. in the third interview that she would not be able to continue with her, Mrs. E. expressed how disappointed she felt and stressed that at last she had felt that they would get some place. With her new worker she repeated for several weeks how helpful the first worker had been, how she had finally felt she and her child would be helped at the Center and now she was not sure. She questioned continuing at the Center and also showed some indirect indications of hostility by forgetting her new worker's name and telling how her child did not like her new doctor.

Like Mrs. D., Mrs. E. questioned whether anyone else could be as understanding and helpful with her problems. After feeling frustrated and blamed while trying to get help with her child's problems, she finally felt accepted and understood. In this better relationship she was more able to turn her attention to problems she had previously needed to deny and thus was "getting some place" in comparison to her previous frustration. In losing the caseworker she was not only losing support, but it seemed to her she might be losing a chance of getting help in solving her problems.

> Mrs. F. was a very compulsive person, with a good deal of warmth and positive feeling, but much hostility beneath the surface which she found difficulty in expressing. She was closely tied to her mother, whose ideas she had taken over without questioning, but she was attempting to break away. She was very inconsistent with her child. She would alternate between being too strict and then too lenient. Whenever she would yell at him she would then feel guilty and apologize.

> Mrs. F.'s relationship with the caseworker grew unevenly. At first she put forward a "sweet" front and repeatedly sought direct advice from the worker. After a while she was able to bring out some of her hostility toward her mother and others. She seemed relieved after expressing her feelings, but would also feel guilty and would usually follow a productive interview with a period of interviews in which she did not express her feelings. However, toward the end of the year even in her less productive interviews she was expressing more of her feelings than she had in the beginning.
>
> When the worker told Mrs. F. she was leaving, Mrs. F. was reluctant to continue coming, feeling it would be very difficult to form a new relationship. She felt it was bad enough to have to tell all the "nasty secrets of her thoughts" to the first worker and did not wish to repeat them to anyone else. She was able to continue coming, but for a long time her son clung to her and acted up so that she could not talk privately with her new caseworker. This seemed related to the change since she would speak to the child in a rejecting way that increased his need to cling to her. When she was finally able to have a separate interview with the new worker she began to express more and more of her hostile feelings toward her mother and her son. She was amazed and horrified that she should have such feelings and expressed the fear that she would become like her crude "fishwife" neighbors. She did go through a period of shouting in the interviews and at home and it was some time before she could achieve a balance between her "sweet" and "fishwife" sides.

Because of her fear of expressing her hostility, Mrs. F. vacillated in her relationship to the first worker, alternately revealing her feelings and then holding back. The loss of the caseworker seemed to throw the balance to the negative side of her ambivalence about treatment so that she found it more difficult to continue.

> Mrs. G. was a conscientious woman with high standards for herself and her children. She kept her house very clean and was anxious "to do what was best for her children." She had great difficulty in expressing any negative feelings and found it hard to tolerate aggression in her children, saying she wanted them to love each other. There was some indication of a reaction

against dependency in that she had always tried to act more mature than her age and denied any attachment to her parents, who lived close by.

Mrs. G. had three interviews with her first caseworker. She related positively to the worker. When the worker returned from a week's absence, Mrs. G. said she was glad the worker was back. She was relaxed during the interviews and talked of her child's problems and her own part in them. After the first session she felt her child was becoming more aggressive as the worker had predicted, although the worker could not recall any such statement. She recognized her difficulty in allowing her child to be aggressive and expressed the wish to correct this.

When the worker told her she would not be able to continue seeing her, Mrs. G. expressed appreciation for the time the worker had given her. She seemed hesitant about seeing someone else, but said she would try. In her first interview with her new worker she denied that it was difficult to change to a new worker, but expressed annoyance about not having received any definite answers. At the same time she blamed her first worker for telling her to walk out of the room when her children fought, which was again something the worker had not said. The second worker remained neutral about these criticisms and Mrs. G. was able to bring out her questioning of the Center's permissiveness and finally to consider whether she herself might be too strict. She continued to discuss her problems about permissiveness and her own inability to express negative feeling, but after several interviews she became resistant and questioned her child's need for further treatment.

Mrs. G. is similar to Mrs. F. in her ambivalence about treatment. From the very beginning she felt that she must change and allow more expression of aggression, both by her children and by herself. Although in part she wanted to change, she had strong feelings of reservation about it. She used the reassignment as an opportunity to divide her negative and positive feelings between the two workers. She attributed to the first worker the idea that she must allow her child to be more aggressive and hoped that the second worker would disagree. Because the second worker did not fall into

the trap, she then could go on where she was with the first worker in considering both sides of her feelings around permissiveness. The fact that she later became more resistant and considered stopping treatment seems to be due to her difficulty in accepting change in her child and herself rather than a result of the change in caseworkers. However, her feelings of loss and hostility over the change may have added to her ambivalent feelings regarding treatment.

The characteristic that stands out in this group of mothers is their inhibition and control of their feelings. Mrs. D. feared loving her child too much and the other three women had difficulty in expressing or allowing the expression of aggression. Except for Mrs. D., they did not relate to their caseworkers in a dependent manner, and one might assume that Mrs. D.'s dependency upon the worker decreased by the time the contact was terminated. The change of caseworkers presented specific problems to these mothers rather than the generalized loss of support felt by the mothers in the first group. Both Mrs. D., who felt she had learned so much from her first worker, and Mrs. E., who felt so much more accepted and understood by this worker than the previous therapists, questioned if they would receive the kind of help they wanted from their new workers. For Mrs. F. and Mrs. G. the change served to reinforce their resistance to treatment.

Group three -- The three mothers in the third group appeared to be little affected by the change in caseworkers. It is not always clear whether the change scarcely mattered to them or whether they cared, but managed to deny their feelings.

Mrs. H. was an infantile woman who was extremely closely attached to her mother and sister. She had a great need to talk and receive attention. She was very controlling of her son and rivalrous of the attention he received at the Center. She was constantly complaining, but her hostility was directed almost entirely toward her son and none toward her mother or other members of her family. She revealed very little of herself but gave an impression that there was an underlying depression hidden by her smiling exterior.

She did not seem to become at all involved in the relationship with the caseworker. She would miss several weeks in a row, often with no more excuse than "having to go shopping". The content of the interviews was mainly repetitious complaints and descriptions of the child's behavior. When she spoke of her family it was with little feeling. She spoke of having the "usual family trouble" but she tried to "make the best of it". Her lack of involvement might be partly attributed to the fact that she spent most of her day on the telephone talking with her mother and seeking her advice for every difficulty. However, some indication of her resistance could be seen in the way she did "open up" and tell some of her feelings about her marriage in the last interview before a vacation when she might be assured of not needing to continue for two months.

When informed of a change in workers she expressed a little disappointment at having to start with someone new when the present worker understood her problems, and was pleased that her child would continue with the same doctor. However, when the second worker brought up the subject, she denied that the change mattered as long as the first worker had told her about Mrs. H. so she wouldn't have to repeat. She said, "I can talk as well to you as I could with her," and there was nothing in the content or quality of the interviews to indicate otherwise. Mrs. H. continued to miss many appointments but after about six months she did begin to talk about her difficulties with her husband and their effect on the child. The relationship to the worker seemed somewhat stronger and Mrs. H. seemed also to become a little more understanding of the child's feelings. She later commented that she had put off talking about her husband until she knew it was necessary.

In this case the relationship to the first caseworker seemed to have little meaning. Mrs. H. was very infantile and eager for attention, but

her strong dependency upon her mother and her resistance toward facing her problems appeared to prevent her from forming a good relationship with the caseworker.

> Mrs. I. was a client whose personality was very difficult to assess since she expressed very little affect and talked little about herself. One of the few things she did reveal was that her mother had died when she was a six year old and she and her siblings were brought up by her father. She said that she had had a happy childhood.
>
> She cancelled appointments frequently so that she came less than once a month to the Center, although her husband came every week. When she did come she talked in a casual, relaxed manner on superficial subjects such as the weather, travel, her enjoyment in the siblings of the patient at the Center. She talked in only a general way about the patient, a very disturbed child, and expressed little feeling about anything in the interviews. She did seem to get some feeling of support from coming, saying toward the end of the year that she liked to come to the Center "because you understand the difficulties I have and yet are not terribly discouraging."
>
> Mrs. I.'s only reaction when informed that the worker was going was to say she was sorry because she had gotten used to talking with the worker and would like to continue, but she knew she would have to go. Following the transfer Mrs. I. continued to come with about the same frequency and involvement as before.

Mrs. I. recognized that it was easier to talk with someone she was used to, but felt she could get used to someone new. She had gained some feeling of support from the relationship, but she was not able to express much feeling or come frequently so that she had not developed a strong casework relationship. Perhaps the loss of her mother when she was a young child had made her defend herself against any relationship with a motherly person so that she would not run the risk of such an experience again.

> Mrs. J. was a very vague and detached person. At times during the interviews she would lapse into revery and

> appear out of contact. While coming to the Center, she began psychiatric treatment privately elsewhere. When consulted, the psychiatrist felt it was extremely difficult to determine what Mrs. J.'s problems were because of the difficulty in forming a relationship, but believed her to be psychotic. She did talk of feeling dominated by her mother and rebelling against her strictness. She had vague feelings of guilt regarding her children's problems.
>
> Mrs. J. related to the worker in a pleasant social manner and seemed to enjoy the contact. She came regularly and talked easily, but not about anything deep. She described the patient's behavior, talked about a sibling of the patient, and spoke a great deal about her career interests outside the home. The most striking thing was her way of lapsing into silence for many minutes and then beginning to talk on an entirely different subject without indicating any awareness that this was unusual.
>
> When the worker told her she was leaving Mrs. J. asked the worker about her plans, gave her suggestions of places to go, and said the worker appeared tired and needed a vacation. She brought up the subject of her psychiatric treatment and talked of how it was going. She also told an incident in which her mother had become very worried and then Mrs. J. said that she could not stand mothers who were continually fussing over their children. She did not show any change of mood and related to her new worker in the same social but detached manner she had had with the first.

Mrs. J. was similar to Mrs. I. in her inability to express her feelings and form a close relationship with the caseworker. However, although she showed little reaction to the departure of the worker or difficulty in changing to a new one, she gave some indication of a need to deny or defend herself against such reactions. She emphasized that the worker should go--she needed a rest--and helped her think of places to go. She called to mind the continuing contact with her psychiatrist, and she emphasized that she did not like fussy mothers, thus denying that she would like the worker to stay and fuss over her. Just as she had to maintain a constant detach-

ment in the relationship, she could not allow the slightest expression of disappointment in the loss of the relationship.

In summary, the three mothers in this group did not form strong relationships with the caseworker. One seemed to be resisting treatment and to have a strong attachment elsewhere, while in the other two cases, difficulty in relationship seemed to be one of the client's basic difficulties. They all revealed little about themselves and it is difficult to tell what the worker's going really meant to them. On the surface, at least, it appeared not to matter, but one of the mothers seemed to make much use of the mechanism of denial.

CHAPTER IV

TECHNIQUES IN HELPING THE CLIENT WITH REASSIGNMENT

The choice of techniques in helping with reassignment, as in any problem in casework, must be based upon the needs of the individual client. Therefore, the basic problem which the workers met was how to enable the client to express her feelings about the change, so that the worker could learn what were her specific problems. When the worker knew what the client's concerns about the reassignment were, she could then take steps in dealing with them. Enabling the client to express her feelings served the second purpose of helping the client to abreact and achieve some relief from the intensity of her feeling.

A variety of reasons made it difficult for the clients to express their feelings about the reassignment. Some of the clients had difficulty expressing their feelings about most things and this behavior carried over to discussing the reassignment. However, the reassignment presented particular difficulties because discussing it with the worker meant verbalizing positive and negative feelings directly toward the object of the feelings. In most of the cases there had been little direct discussion of the client's reality and transference feelings toward the worker prior to the time of reassignment. Some of the clients found it difficult to discuss the reassignment because of the need to control the powerful feelings that

were aroused at this time. For example, Mrs. B., who usually was quite free in expressing herself, would not discuss it and later told her new worker that she had not told her first worker how bad she felt because she did not wish to make it difficult for her. Thus, we can see how she controlled her hostile feelings.

Prior to the transfer the client usually expressed some feelings about the change when it was first mentioned. Then the worker encouraged the client to talk more about it, often verbalizing that it might be hard for her. Following the transfer, it was the new worker who first introduced the subject of the change in eight of the ten cases. For example, in her first interview with the new worker Mrs. A. began by talking for some time about architecture. Finally the worker commented that she knew the change was difficult for Mrs. A. and that she had been very much attached to the first worker. Mrs. C.'s new worker commented that it must be strange for Mrs. C. to come back and see someone different. In two of the cases the mother spoke of her child's difficulty in changing doctors and the worker related this to the mother's feelings about changing workers.

Some of the workers brought up the subject several times. For example, Mrs. B., who became quite depressed, would not say much about the change to her first worker. The worker on several occasions encouraged her to talk about it, saying it might have something to do with her feelings of depression. Another mother, Mrs. C., denied that the change mattered when the new worker brought up the subject in the first interview, but in the next interview when the worker again discussed the difficulty of changing workers, she was more able to accept the idea.

Sometimes the worker could make the discussion of the change more meaningful by relating it to the mother's current problems. When Mrs. F.'s new worker brought up the subject, Mrs. F. minimized the difficulty of the change. Later Mrs. F. asked why her child's behavior had gotten worse. The worker mentioned, among other possibilities, that sometimes this happened after a worker left, and Mrs. F. seemed interested in the idea.

Once the client was enabled to express what troubled her about the transfer, the worker then took steps to meet her particular needs and problems. One problem that was frequently expressed was the client's hesitancy to continue bringing her child to the Center. This was handled in a variety of ways, depending upon what the mother's hesitancy was felt to mean.

Mrs. H.'s only objection to the change was that she did not want to tell everything over again. Her worker promised to tell the new worker about the child's problems and the difficulty Mrs. H. was having with him. Mrs. A. also seemed concerned that her new worker would not be able to understand since she would not have gone through things with her that the first worker had. The worker assured her that the new worker would know and Mrs. A. would not have to repeat. Actually, the investigator was surprised to find how little recapitulation there was in any of the cases. Some of the mothers reviewed what they had talked of to the first worker, but this seemed to be an evaluation of where they were rather than due to a feeling of having to repeat everything.

Support was one of the most important techniques for helping the client who was reluctant to continue. The first worker used the strength of her relationship with the client as a means of supporting her in making the change. For example, Mrs. A.'s worker made use of the mother's strong

dependency upon her. Mrs. A. had expressed at length in many interviews how terribly she felt and that she would hate her new worker. The worker continually recognized how hard it was for Mrs. A., but focussed the discussion toward the coming interviews with the new worker. She told Mrs. A. that she knew the new worker would be interested in her and supported her by saying that she knew Mrs. A. would get past the hurdle. Finally Mrs. A. said that if the worker had faith that she would be comfortable she knew she would. She said it was the worker's faith in her family that had been what made them go ahead. When she did not have faith in herself that gave her strength.

Another technique for helping the mother who was reluctant was in clarifying some of the things that made her unwilling. Mrs. F.'s worker pointed out that it was Mrs. F.'s pattern to feel ambivalent about many things including treatment and urged her to continue coming so that she might get help with these problems. Mrs. G. was also very ambivalent about treatment. One of her concerns was that her child was becoming more aggressive while in treatment. The worker pointed out Mrs. G.'s general dislike of changes and then showed the relationship to this of both mother's reluctance to have her child change and her own reluctance to change workers.

Whether or not the client was reluctant to continue, she often expressed strong feelings of loss and increased dependency. The workers helped with these feelings by taking steps to help bridge the gap between the worker's leaving and the time the client would feel supported by the new worker, and by "giving" to the clients in various ways. In most of the cases the worker introduced the new worker to the client, apparently feeling this would help the client in making the transition. In the only case in

which it was recorded that the client was told of this plan in advance, she made no comment, so it is difficult to evaluate what the introduction meant to the client. However, when Mrs. A. asked who her new worker would be and learned it was a worker she already knew, she seemed quite relieved. Mrs. B. seemed so depressed and in need of support that the worker made a special plan for her to have a few interviews with her new worker before the summer vacation to get to know her. The first worker had not yet left, but felt it would be important for Mrs. B. to have a relationship to tide her over the vacation. Mrs. C.'s new worker was introduced just prior to the summer vacation and did not have an interview with her, but a few days later sent her a note giving her appointments for the fall and saying she would be looking forward to seeing her.

These special arrangements not only helped the client in bridging the gap, but were also a way the worker could give something to the client who might have increased dependency needs due to feelings of loss and rejection because the worker was leaving. One of Mrs. B.'s reactions to the change was to make demands. She asked the worker to visit her older child's school and she insisted her new worker see her twice a week. Both of these requests were exceeded to. Making a special arrangement for the new worker to have some interviews before the vacation would seem a way of giving her something without her demanding it. There were other ways the workers gave to the clients. Mrs. A. asked the worker to send her a birth announcement and the worker promised to do so. Many of the mothers asked the worker who was leaving about her future plans and other personal questions. The workers answered these questions quite frankly. Four of the workers recorded having told the client they enjoyed the relationship and were sorry to leave.

There was a wide range in the timing of when the client was told about the change. Mrs. C. was told six weeks in advance and Mrs. B. five weeks, Mrs. A. four weeks in advance. The others were told three, two, or one week in advance, except for Mrs. H., who was told a half hour before she began seeing the new worker. Mrs. B. and Mrs. C., who were given the most notice, were in the group who had the most severe reaction to the reassignment, whereas Mrs. D., who was given the least notice, was in the group which had the least reaction to the change. However, this probably does not mean the less notice the less reaction, but rather that the workers were allowing the amount of time they felt the particular client would need to work through her feelings before the worker left.

The new workers met some problems not encountered by the first workers. They had to handle the hostility aroused by the reassignment and they had to listen to a great deal of praise, blame, and other attitudes expressed about their colleagues. The techniques used here were accepting the client's feelings and maintaining a neutral, non-competitive attitude concerning the feelings expressed about the first worker. Mrs. E. spoke at length about how wonderful the first worker was, how she thought she would finally be getting some place, and now she did not know, implying that she did not think the new worker could be of much help. She also asked how much experience the worker had had, and questioned the value of continuing to bring her child to the Center. The worker accepted these feelings and asserted that she felt Mrs. H. and her child would be helped by continuing. Finally, in the fifth interview Mrs. H. became warmer and more hopeful.

Mrs. D., the client who returned to the Center after seven years, also praised her former worker a great deal. She seemed to feel rejected in

being assigned to a new worker. At one point she mentioned seeing Miss Y., the former worker, but that Miss Y. had been busy and had not seen her. The new worker said she knew Miss Y. would regret this, that she had been so pleased Mrs. D. was returning to the Center, and encouraged Mrs. D. to take the initiative in speaking with Miss Y. In this way the worker helped Mrs. D. feel accepted by both workers without any problem of disloyalty. After this discussion Mrs. D. seemed much more at ease.

Mrs. G., on the other hand, was critical of the first worker, attributing to her some recommendations about permissiveness which Mrs. G. questioned. She apparently hoped the worker would agree with her against the former worker's attitude, but the worker remained neutral and encouraged Mrs. G. to talk more about the subject of permissiveness.

Mrs. A.'s new worker actively indicated her acceptance of Mrs. A.'s hostility by saying, "Perhaps I seem like an imposter," to which Mrs. A. did not disagree. Mrs. A. then spoke of considering not coming and also of being angry at "poor Mrs. X. for having a baby," which she quickly followed with a nervous laugh and, "Of course I'm not." The worker related Mrs. A.'s questions about continuing and her hostility toward the first worker for leaving by pointing out that it did seem to Mrs. A. that the worker was leaving her and she might feel it would be easier to be the one to leave, but that it was important for her to continue coming.

The mother's relationship to other staff members besides the worker and to the Center itself seemed to be an important help to her in continuing to come and bring her child. Mrs. H. commented when informed of the change that she was glad her child would still be seeing the same doctor. Mrs. A. often spoke of the Center as a "haven" where she felt at peace.

She felt "turbulent inside and confused" when away. Mrs. B. and Mrs. I. were the only mothers who had both their child's therapist and nursery school teacher leave at the same time as the worker. In spite of the loss of the three people most concerned with her, Mrs. B. told her new worker how she looked forward to coming to the Center in the morning and imagined what was going to happen beginning with greeting the receptionist. She said that before coming to the Center she hated people, but at the Center she likes them "because everyone smiles."

In one case the worker made use of the mother's relationship to the Center. When the worker suggested that it was hard for Mrs. I. without the former worker, Mrs. I. said, "It's the same room anyway." The worker then emphasized that doctors and workers came and went but the Center was here anyway. Mrs. I. agreed and said that was what was important.

CHAPTER V

SUMMARY AND CONCLUSIONS

The responses to reassignment of the ten clients studied were divided into the following three groups: group one, severe reactions such as depression, fear of going on without the worker's support, physical symptoms, increased dependency, and increased difficulty in functioning in daily living; group two, disappointment and difficulty in changing workers, but reaction limited mainly to the treatment situation rather than the client's total adjustment; group three, little apparent response to the change of caseworkers.

The clients in the first group with severe reactions were very immature women with intense dependency longings. Two formed strong dependency relationships with the caseworker. The third resisted the casework relationship because of conflict over her dependency, but did respond to the worker in a very dependent manner.

The clients in the second group with intermediate reactions had strong needs to inhibit and control their feelings. Three did not relate to their caseworkers in a dependent manner and the fourth, with the help of the caseworker, learned to allow herself to be dependent, but the relationship with the caseworker was terminated several years prior to the reassignment. Two of these clients objected to the reassignment because they feared the new worker would not be as understanding and helpful as the first. The

other two were ambivalent about treatment and the reassignment served to reinforce the negative side of their ambivalence.

The clients in the third group with little reaction had weak relationships to their caseworkers. One was resistant to treatment and had strong dependency attachments outside the casework relationship. In the other two cases, difficulty in forming close relationships appeared to be one of the client's basic characteristics. All three clients revealed little about themselves so that it was difficult to evaluate the meaning to them of the reassignment. On the surface it appeared to matter little to them, but one of the clients showed a definite need to deny its importance.

A wide variety of techniques was used by the caseworkers in helping the client with the reassignment. The workers actively encouraged the clients to express their feelings about the reassignment, often bringing up the subject several times and verbalizing for the client that it might be difficult. When the client was reluctant to continue, clarification and support were used to help her over the hurdle. Some workers used introductions and special arrangements to help the client get established in the new relationship. Workers met increased demands and answered personal questions. The new workers accepted a good deal of hostile feelings and remained neutral concerning feelings expressed about the first worker. The client's relationship to the agency itself and other staff members was also found to be a help to her in making the transfer to a new worker.

In spite of all these techniques the reassignment was a very painful experience to the clients in the first group, who had such intense dependency needs. Therefore, it would seem advisable in the future to make an early diagnosis and assign such clients to permanent staff members whenever

possible. If this is not possible and the worker knows she will be unable to continue long with the client, it might be best to try to keep the relationship from becoming a very dependent one. Clients who are very ambivalent about treatment also should not be reassigned if it can be avoided. The reassignment does not seem so painful to them, but it serves to reinforce their ambivalence and might lead to their discontinuing treatment. When reassigning such clients cannot be avoided, the worker should be particularly alert to help them continue by clarifying their ambivalence and supporting their wish for treatment.

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APPENDIX

SCHEDULE

1. The client's outstanding personality characteristics, particularly patterns of relationship.

2. Events in the client's life which might determine his patterns of relationship and reaction to the loss of a relationship.

3. Relationship with the first worker -- type of material discussed -- progress in treatment.

4. Reaction to the news of reassignment.

5. The first worker's techniques.

6. Reaction following reassignment.

7. The second worker's techniques.

8. Development of the relationship with the second worker.

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